



GEORGIA MEDICAID FEE-FOR-SERVICE PANCREATIC ENZYMES PA SUMMARY

Preferred	Non-Preferred
Creon Pancrelipase	Pancreaze Pertzye Ultresa Viokace Zenpep

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Non-Preferred Products

- ❖ Approvable for members with pancreatic insufficiency who have been started and stabilized on the requested medication (excludes samples) OR who have tried and failed therapy with Creon.
- ❖ Approvable for members with pancreatic insufficiency due to cystic fibrosis.
- ❖ In addition, Viokace must be given in combination with a proton pump inhibitor.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.